Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information under a displays a valid CMB control number. Approved for use through 7/31/2005, CMB 0651-0032 U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Application or Docket Number Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED BASICFEE NUMBER EXTRA RATEGI [37 CFA 1. 160]. [6]. @ [C]] FEE (1) NA RATE (\$) NIA FEE (B) SEARCH FEE 150.00 (37 CFR 1 16(4), (4), or (my) N/A 300.00 N/A NA **EXAMINATION FEE** \$250 NIA (37 CFR 1 16(4), (6), or (Q)) NA \$500 N/A TOTAL CLAIMS N/A \$100 (37 OFR 1 16(1) N/A \$200 minus 20 e X\$ 25 INDEPENDENT CLAIMS X\$50 (37 CFR 1 16(h)) OR minus 3 . X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 OFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16()) +180= +360-* If the difference in column 1 is less than zero, enter "0" in column 7. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY ⋖ REMAINING NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADOI-EXTRA RATE (\$) **AMENDMENT** ADOI-PAID FOR TIONAL Total DICFR 1.160 TIONAL Minus FEE (\$) EEE (1) X\$ 25 independent Ofer R 1.16mm Minus XSSO OR ធ X100 Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16()) +180= +360= OR TOTAL PCG TOTAL: ADD'L FEE OΩ ADO'L FEE (Column 1) (Column 2) (Column 3) CLAILLS HIGHEST REMAINING 10/3/10 NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY ADDI-RATE (3) AMENOMEN **EXTRA** ADOI-PAID FOR TIONAL Total TIONAL (37 CFR 1. 16(1)) Minus FEE (S) FEE (1) Independent Of CFR 1.16(h)) X\$ 25 X\$50 Minus **O**R X100. Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= OR +360= TOTAL TOTAL ADD'L FEE OR

If the entry in column 1 is less than the entry in column z, write 'U' in column J.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Tilghest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. s collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is povemed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. ading Bathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

[&]quot; If the entry in column 1 is less than the entry in column 2, write "O" in column 3.